

Chapter 11 - Forms

Instructions to Generate Forms

The instructions to generate SCAO forms are designed to follow the SCAO form line by line. Each line from the form is duplicated and appears in italicized print. If information is taken from any juvenile screen to generate the line, the screen name, field name, and any applicable codes are listed next to the line. Notes are provided for those lines that require further information or clarification.

When entering information into the system to generate the form, go through the form, line by line. Then, using these instructions as a guide, check the information on the screen listed next to the line number to ensure that the fields contain up-to-date information. If the information needs to be added or changed, make any necessary entries on the screen.

~Forms Generation~

- ◆ **Creating the Form** - After all necessary information has been entered into the event and/or financial screen you may generate the form by entered the form number.

For example to generate an "Order Appointing Guardian of LIP", insert "631" in the form number request field and press <Enter>. All SCAO forms can be generated from an Event Add. Most orders can also be generated from Financial Order Add or Event Mod screens. Be sure the paper in the printer is loaded at top-of-form before printing out the order.

- ◆ **Modifying the Form** - To modify or reprint existing documents go to the Next Tran line and type "DOC/SUM along with the case number and suffix number then press <Enter>. The system will display all documents associated with this case. Place an "X" next to the document that you want to modify and press <Enter>. The document will be displayed on your screen. You may modify/delete any information that appears on the screen. Remember, the form will print exactly how it appears on the screen. Press <Enter> to save your changes. It is important to remember that any changes you make on this screen will not be made to the event. You should modify the event to match the changes made to the order.

Notice of Hearings and Proof of Service forms are not saved by the system. You must re-create these forms from the Event Screen.

SCAO FORM #	FORM TITLE
PC562	Notice of Hearing
PC564	Proof of Service
PC572	Letters of Authority for Personal Representative
PC589	Notice of Intent to Close Estate Administration and Terminate Personal Rep's Authority
PC599	Memorandum of Administrative Closing
PC628	Order Appointing Attorney
PC631	Order Appointing Guardian of LIP
PC632	Order Appointing Temporary Guardian of LIP
PC633	Letters of Guardianship
PC640	Order Appointing Conservator Adult/Minor
PC645	Letters of Conservatorship
PC660	Order Appointing Guardian for Individual with Developmental Disabilities
PC662	Letters of Guardianship of DDI
MC28	Notice to Prior Court of Proceedings Affecting Minor
MC239	Removal From Lein
MC309	Order for Adjournment
PCM212	Notice of Hearing on Petition for Hospital or Judicial Admission
PCM214	Initial Order Following Hearing on Petition for Admission

Non SCAO Forms that can be generated:

SCAO FORM #	FORM TITLE
999	Will for Safekeeping Receipt

Document Summary Screen

The Document Summary screen displays all orders that have been created for a specific case. Orders can be modified, deleted or re-printed from this screen.

Accessing the Document Summary screen:

From the Transaction Request Screen, enter DOC/SUM along with the case number and suffix number then press <Enter>.

Probate Next Tran Line:

NXT	TRAN	P	<u>DOC</u>	TYPE	<u>SUM</u>	CASE NBR	<u>00012002</u>	REC NBR	____
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The system will display the following screen.

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_ 000000    9/12/1997   PC572
_ 000001    3/25/2003   PC662
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F3 = EXIT      ENTER X TO SELECT  ENTER 4 TO DELETE  PRESS ENTER TO PRINT

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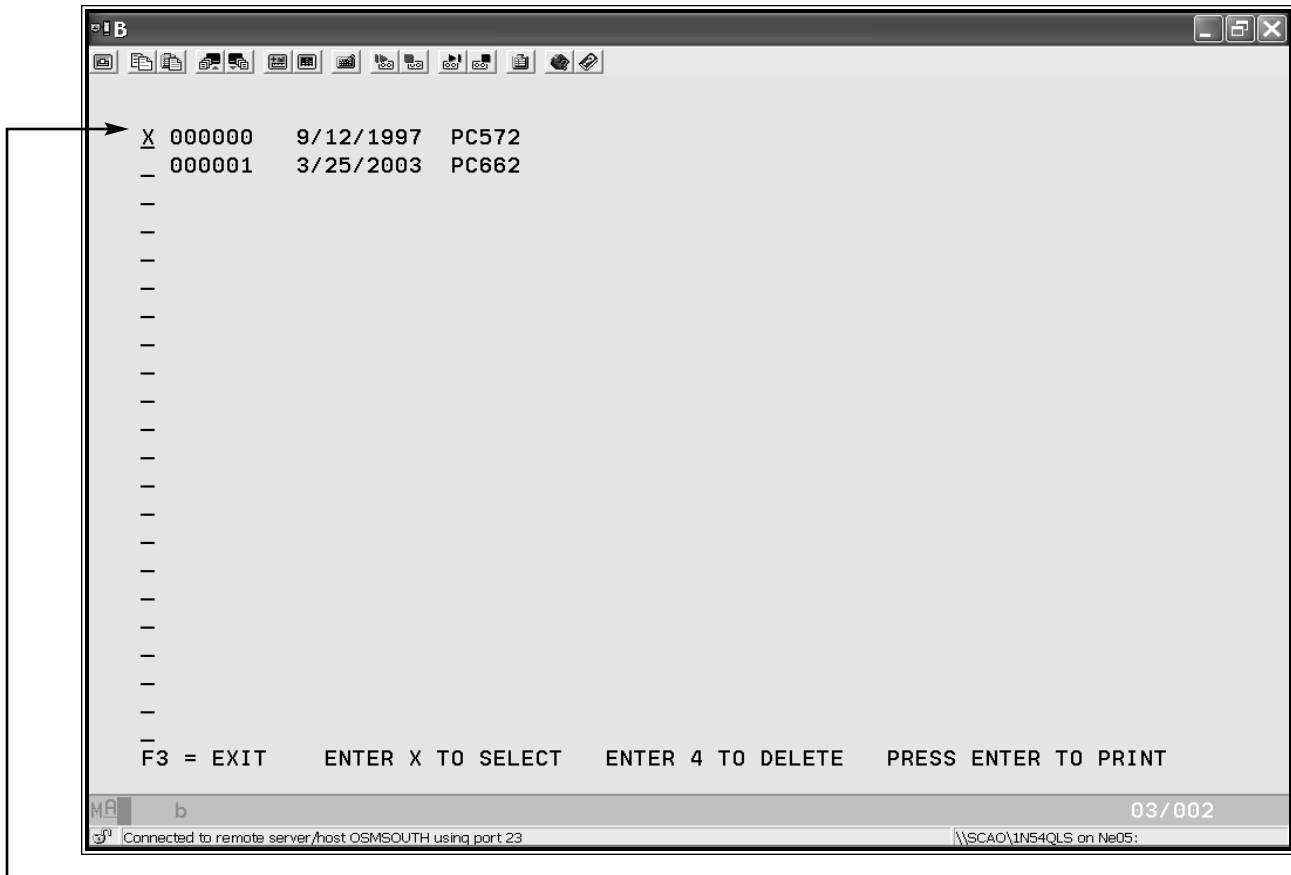
Listed in document number order are all of the documents that have been entered on this case. The following are valid transactions that can be completed:

X = Select the document

4 = Delete the document

By entering one of the transactions on the line to the left of the document and pressing <Enter>, the system will either return the document for you to modify/re-print or the document will be deleted.

Option X - Select



1. Enter an “X” next to the order that you want to select and press <Enter>. The system will display the order on the screen.

In the matter of TEST , an individual with a developmental disability.
TO: Name, address, city, state, and zip

{ } partial guardian
You have been appointed and have qualified as { } plenary guardian of { } estate
the { } person of the individual named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules and order of this court unless limited below.

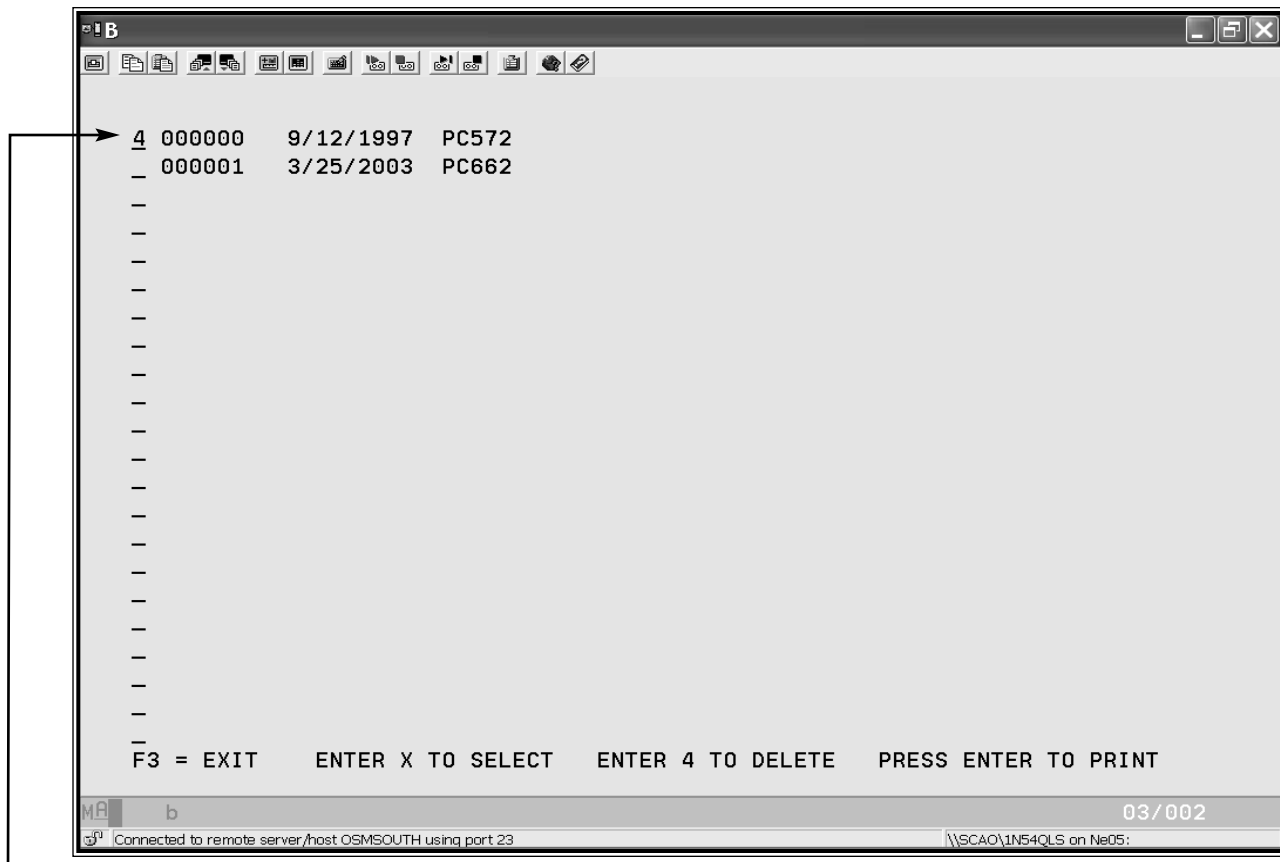
{ } The guardian's authority is limited to those acts specifically set forth below:

F3 = EXIT PRESS ENTER TO PRINT

MP b 01/002
Connected to remote server/host OSMSOUTH using port 23 \\SCAO\1N54QLS on Ne05:

2. Make any modifications necessary by using the <Page Up> and <Page Down> keys. If you want to re-print the document, press <Enter>. If you do not want to re-print or save any changes, press <F3>.

Option 4 - Delete



1. Enter a “4” next to the order that you want to delete and press <Enter>. The system will delete the document.

Approved, SCAO		OSM CODE: NOH	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HEARING	FILE NO.	

In the matter of _____

TAKE NOTICE: A hearing will be held on _____ at _____ m.,
 Date Time
at _____ before Judge _____
 Location Bar no.
for the following purpose(s): state the nature of the hearing

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Attorney name _____ Bar no. _____	Date _____ Petitioner name _____
Address _____	Address _____
City, state, zip _____ Telephone no. _____	City, state, zip _____ Telephone no. _____

The law provides that you should be notified of this hearing. Unless the check box below is marked, you are not required to attend the hearing, but it is your privilege to do so.

☐ You are required to attend this hearing.

Do not write below this line - For court use only

PC 562 (9/00) NOTICE OF HEARING

MCL 700.1401; MSA 27.11401, MCR 5.102

Notice of Hearing 09/00 - PC562

This notice can be generated from a Schedule Add or Modify screen. To have the notice of hearing print what type of hearing the court is holding, type exactly what you want printed on the Notice of Hearing on the first comment line. Generate this notice by entering "562" in the form number requested field on the Schedule Screen.

Line From the Order Form	Screen	Field	Codes
1. <i>In the matter of</i>	HEADER	Name	
2. <i>TAKE NOTICE: A Hearing will be held on (Date) at (Time, Location) before Judge _____ for the following purpose(s):</i> NOTE: The location of the hearing is taken from the place's file or courtroom file. If a comment is not added to the first comment line of the Schedule screen, the system will insert "Notice of Hearing" in the purpose area.			
<i>If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.</i> NOTE: This line will always print.			
<i>Attorney Name, Address, City, State and Zip</i> NOTE: The attorney address is taken from the Bar File.	HEADER	ATTNY	
<i>Petitioner Name, Address, City, State and Zip</i> NOTE: The attorney address is taken from the Bar File.			
<i>The law provides that you should be notified of this hearing. Unless the check box below is marked, you are not required to attend the hearing, but it is your privilege to do so.</i> <input type="checkbox"/> <i>You are required to attend this hearing</i> NOTE: This line will always print to be manually filled in.			

Approved, SCAO		OSM CODE: PSV	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PROOF OF SERVICE	FILE NO.	
In the matter of _____ 1. Titles of the papers served or mailed: _____ _____			
<input type="checkbox"/> 2. I served by <input type="checkbox"/> ordinary mail <input type="checkbox"/> registered mail (copy of return receipt attached) <input type="checkbox"/> certified mail (copy of return receipt attached) the papers described above on:			
Name	Complete address of service	Date	
<input type="checkbox"/> 3. I served by personal service the papers described above on:			
Name	Complete address of service	Date and Time	
<input type="checkbox"/> 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons:			
I have made the following efforts in attempting to serve process: _____ _____			
I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.			
Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$ 0
<div style="display: flex; justify-content: space-between;"> Date _____ Signature _____ </div>			
Do not write below this line - For court use only			

Proof of Service 09/02 - PC564

This Proof of Service can be generated from a Schedule Add or Modify.

Generate the Proof of Service by entering a "564" in the Form number field on the Schedule Screen. Be sure that your paper is loaded at top-of-form before printing the Proof.

Schedule Code - PSV

Complete this form as follows:

1. Type in a description of the papers being served where prompted on the screen.
2. Place an "X" next to the type of mail service being used.

NOTE: If the select mail service is left blank, this will cause Personal Service to be printed on the Proof of Service form.

3. A list of the people associated with the case are shown:

- The respondents and their attorney, as taken from the Case Header Screen
- All of the parties and their attorneys, as taken from the Party Screens

Type the letter "X" next to each party or attorney whose name and address should appear on form PC08 under the Section "Service by Mail".

4. If you wish to list the name and address of an attorney whose name does not appear on the selection list, enter the attorney bar number where prompted on the screen.

Press the ENTER key to process your request. A Proof of Service/Non-Service form will be created using the information from the Proof of Service Information Sheet as well as from the Schedule Screen as follows:

- The name of the respondent as taken from the Case Header Screen.
- The description of the papers as taken from the Proof of Service Information Screen
- The names and addresses of the persons selected from the Proof of Service Information Sheet.

Approved, SCAO		OSM CODE: LET
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE	FILE NO. _____

Estate of _____

TO: Name, address, and telephone no.

You have been appointed and qualified as personal representative of the estate on _____. You are authorized to do and perform all acts authorized by law except as to the following: Date _____

☐ Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment

☐ Restrictions and limitations:

☐ These letters expire: _____ .
Date

Date Judge (formal proceedings)/Register (informal proceedings) Bar no. _____

SEE NOTICE OF DUTIES ON SECOND PAGE

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date Deputy register

Do not write below this line - For court use only

PC 572 (9/02) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE

MCL 700.3103, MCL 700.3307, MCL 700.3414,
MCL 700.3504, MCL 700.3601,
MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

Letters of Authority for Personal Representative 09/02 - PC572

This order can be generated from a schedule ADD or MOD. To have the system insert the personal representative information, be sure that the party has been added and that you have the party number in the party field.

Enter "572" in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
1. <i>Estate of</i>	CASE	Name DOB	
<i>TO: (Name, Address and telephone no.)</i> NOTE: Enter the party number in the party field in order for the system to bring in this information.	PARTY	Name, Address, City, State, Zip and Telephone	Party Number
<i>You have been appointed and qualified as personal representative of the estate on _____. You are authorized to do and perform all acts authorized by law except to the following:</i> ___ <i>Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment</i> ___ <i>Restrictions:</i> NOTE: The fields other than the date field must be manually entered.	PARTY	Qualification Date	
___ These letters expire: _____ NOTE: This line will always print.			
<i>Signature Line</i> NOTE: This line will always print to be manually entered.			
<i>Attorney, Address, City, State and Zip</i> NOTE: This address is taken from the bar file.	HEADER	Attny	
<i>Certification Line</i> NOTE: This line will always print.			

Approved, SCAO		OSM CODE: NCE
STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	NOTICE OF INTENT TO CLOSE ESTATE ADMINISTRATION AND TERMINATE PERSONAL REPRESENTATIVE'S AUTHORITY	FILE NO. _____

Estate of _____

To the personal representative, interested persons of record, and surety of the personal representative's bond in the above named estate:

TAKE NOTICE:

1. The personal representative has failed to file a notice with the court that the estate remains under administration and the reasons for continuing administration as required by MCL 700.3951.
2. An interested person has not filed a petition regarding the necessity for continued administration, for complete estate settlement, or for a settlement order.
3. The court will close the administration of this estate and terminate the personal representative's authority within 63 days of this notice unless any of the following occur:
 - a. The personal representative files any of the following as may be permitted by law:
 - a notice that the estate remains under administration that specifies the reason for continuing administration.
 - a petition for either complete estate settlement under MCL 700.3952 or a settlement order under MCL 700.3953.
 - a sworn statement seeking closing of the estate under MCL 700.3954.
 - b. An interested person files either of the following petitions with this court.
 - a petition requesting a hearing on the necessity for continued administration of this estate.
 - a petition for an order of complete estate settlement under MCL 700.3952.
 - c. A devisee under an informally probated will files a petition for a settlement order under MCL 700.3953.

Date

Deputy probate register

CERTIFICATE OF MAILING

I certify that a copy of this notice was sent to the personal representative and interested persons of record or their attorneys by ordinary mail at their last known address(es).

Date

Signature

Do not write below this line - For court use only

PC 589 (9/02) NOTICE OF INTENT TO CLOSE ESTATE ADMINISTRATION AND TERMINATE PERSONAL
REPRESENTATIVE'S AUTHORITY

MCL 700.3951, MCR 5.203(D)

**Notice of Intent to Close Estate Administration and Terminate
Personal Representative's Authority
PC589 - 09/2002**

This form can be generated from a schedule ADD or MOD. Generate this form by entering 589 in the form number field on the schedule screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>Estate of</i>	HEADER	Name	
<i>To the personal representative, interested persons of record, and surety of the personal representative's bond in the above named estate:</i>			
NOTE: This line will always print.			
TAKE NOTICE: <i>1. The personal representative has failed to file a notice with the court that the estate remains under administration and the reasons for continuing administration as required by MCL 700.3951.</i>			
NOTE: This line will always print.			
<i>2. An interested person has not filed a petition regarding the necessity for continued administration, for complete estate settlement, or for a settlement order.</i>			
NOTE: This line will always print.			
<i>3. The court will close the administration of this estate and terminate the personal representatives authority within 63 days of this notice unless any of the following occur:</i> <i>a. The personal representative files any of the following as may be permitted by law:</i> <i>- a notice that the estate remains under administration that specifies the reason for continuing administration.</i> <i>- a petition for either a complete estate settlement under MCL 700.3952 or a settlement order under MCL 700.3953.</i> <i>- a sworn statement seeking closing of the estate under MCL 700.3954.</i> <i>b. An interested person files either of the following petitions with this court.</i> <i>- a petition requesting a hearing on the necessity for continued administration of this estate.</i> <i>- a petition for an order of complete estate settlement under MCL700.3952.</i> <i>c. A devisee under an informally probated will files a petition for a settlement order under MCL700.3953.</i>			
NOTE: This line will always print.			
<i>Signature Lines</i>			

Approved, SCAO		OSM CODE: ATP
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER APPOINTING ATTORNEY	FILE NO.
<p>In the matter of _____</p> <p>1. Date of hearing: _____ Judge: _____ Bar no. _____</p> <p>2. A proceeding has been filed with this court involving the above named individual, and it appears that it is necessary to appoint an attorney.</p> <p>IT IS ORDERED:</p> <p>3. _____ is appointed attorney to represent Attorney name (type or print) _____ _____ in all proceedings in this matter until discharged by the Name of person to be represented (type or print) _____ court or until another attorney has filed an appearance on behalf of the person.</p> <p><input type="checkbox"/> 4. _____ is discharged as guardian ad litem. Name (type or print) _____</p>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ Date</p> <p>_____ Attorney name (type or print)</p> <p>_____ Address</p> <p>_____ City, state, zip</p> </div> <div style="width: 45%;"> <p>_____ Judge</p> <p>_____ Bar no.</p> <p>_____ Telephone no.</p> </div> </div>		
Do not write below this line - For court use only		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PC 628 (3/00) ORDER APPOINTING ATTORNEY</p> </div> <div style="width: 45%; text-align: right;"> <p>MCL 330.1454; MSA 14.800(454), MCL 700.5208; MSA 27.15208, MCL 700.5209(2)(d); MSA 27.15209(2)(d), MCL 700.5219(4); MSA 27.15219(4), MCL 700.5305(3)-(4); MSA 27.15305(3)-(4), MCL 700.5406(1); MSA 27.15406(1), MCR 5.404(D)</p> </div> </div>		

Order Appointing Attorney PC628 - 03/2000

This order can be generated from a schedule ADD or MOD. Enter 628 in the form number request field on the schedule screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	SCHEDULE	Name	
1. <i>Date of hearing: _____ Judge: _____</i>	Schedule	Date Judge	
2. <i>A proceeding has been filed with this court involving the above named individual, and it appears that it is necessary to appoint an attorney.</i> NOTE: This line will always print.			
3. <i>_____ Is appointed attorney to represent _____ in all proceedings in this matter until discharged by this court or until another attorney has filed an appearance on behalf of the person.</i> NOTE: This line will always print.	SCHEDULE HEADER	Attny Name	
4. <i>_____ is discharged as guardian ad litem.</i> NOTE: This line will always print to be manually entered.			
<i>Signature Line</i>	HEADER	Judge	
<i>Attorney, Name, Address</i> NOTE: The attorney address is taken from the bar file.	HEADER	Attny	

Approved, SCAO		OSM CODE: OAG	
STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	FILE NO.	
CIRCUIT COURT - FAMILY DIVISION			

In the matter of _____, an alleged incapacitated individual

Court ORI	Date of birth	Race	Sex	Current address of incapacitated individual
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1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

☐ 3. The individual is not in need of a guardian.

☐ 4. Upon the presentation of clear and convincing evidence, the above named individual, by reason of

<input type="checkbox"/> mental illness	<input type="checkbox"/> mental deficiency	<input type="checkbox"/> chronic use of drugs
<input type="checkbox"/> chronic intoxication	<input type="checkbox"/> physical illness or disability	<input type="checkbox"/> other: _____

is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions, and is an incapacitated individual.

☐ 5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.

☐ 6. The individual is ☐ partially ☐ totally without the capacity to care for himself/herself.

☐ 7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.

IT IS ORDERED:

8. The petition for appointment of guardian is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 9. _____, whose address and telephone number are:

Name (type or print)	Address	City	State	Zip	Telephone no.
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is appointed ☐ limited ☐ full guardian of the adult and shall qualify by filing an acceptance of appointment.

☐ Bond at \$ _____ must be filed.

☐ 10. The limited guardian shall have only the following powers:

11. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

☐ 12. IT IS FURTHER ORDERED:

Date _____	Judge _____
------------	-------------

Attorney name (type or print) _____	Bar no. _____
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Address _____	City _____	State _____	Zip _____	Telephone no. _____
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Do not write below this line - For court use only

MCL 700.1105, MCL 700.5106, MCL 700.5107, MCL 700.5306, MCL 700.5313

PC 631 (9/02) ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL

Order Regarding Appointment of Guardian of Incapacitated Individual PC631 - 09/02

This order can be generated from a schedule ADD or MOD. Enter 631 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
1. <i>Date of hearing: Judge/Referee:</i>	EVENT	Date Jurist	
THE COURT FINDS: 2. <i>Notice of Hearing was given to or waived by all interested persons.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 3. <i>The individual is not in need of a guardian.</i>			
NOTE: This line will always print to be manually entered by the user.			
<input type="checkbox"/> 4. <i>Upon the presentation of clear and convincing evidence, the above named individual, by reason of:</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chronic use of drug </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Mental deficiency <input type="checkbox"/> physical Illness </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Chronic intoxication <input type="checkbox"/> other: </div> <i>is impaired to the extent of lacking sufficient understanding or capacity to make or communi- cate informed decisions, and is an incapacitated individual.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 5. <i>Upon the presentation of clear and convincing evidence, appointment of a guardian is neces- sary as a means of providing continuing care and supervision of the individual.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 6. <i>The individual is <input type="checkbox"/> partially <input type="checkbox"/> totally without the capacity to care for himself/herself.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 7. <i>There is no competent, suitable person willing to act as guardian, and the appointment of a pro- fessional guardian in in the best interests of the adult A bond must be filed.</i>			
NOTE: This line will always print.			

Line From the Order Form	Screen	Field	Codes
<p>IT IS ORDERED:</p> <p>8. <i>The petition for appointment of guardian is</i> <input type="checkbox"/> granted <input type="checkbox"/> denied on the merits <input type="checkbox"/> dismissed/withdrawn.</p> <p>NOTE: This line will always print.</p>			
<p><input type="checkbox"/> 9. _____, whose address and telephone number are: _____ is appointed <input type="checkbox"/> limited <input type="checkbox"/> full guardian of the adult and shall qualify by filing an acceptance of appointment. <input type="checkbox"/> bond at \$ _____ must be filed.</p> <p>NOTE: This line will always print.</p>			
<p><input type="checkbox"/> 10. <i>The limited guardian shall have only the follow- ing powers:</i></p> <p>NOTE: This line will always print.</p>			
<p>11. <i>If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's iden- tifying information in this court order on the law enforcement information network.</i></p> <p>NOTE: This line will always print.</p>			
<p><input type="checkbox"/> 12. <i>IT IS FURTHER ORDERED:</i></p> <p><i>Signature Line</i></p> <p>NOTE: These lines will always print.</p>			

Approved, SCAO		OSM CODE: OAG	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER APPOINTING TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL	FILE NO.	

In the matter of _____, an incapacitated individual

Court ORI	Date of birth	Race	Sex	Current address of incapacitated individual
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1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to the incapacitated individual.

☐ 3. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. The individual, by reason of

<input type="checkbox"/> mental illness	<input type="checkbox"/> chronic use of drugs
<input type="checkbox"/> mental deficiency	<input type="checkbox"/> chronic intoxication
<input type="checkbox"/> physical illness or disability	<input type="checkbox"/> other: _____

_____ is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions, and is an incapacitated individual.

☐ 4. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.

☐ 5. There is no qualified, suitable individual willing to act as temporary guardian and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.

IT IS ORDERED:

6. _____, whose address and telephone number are:

Name (type or print) _____

Address _____	City _____	State _____	Zip _____	Telephone no. _____
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is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

☐ Personal bond at \$ _____ must be filed.

7. The temporary guardian shall have the following powers and responsibilities only:

8. This temporary guardianship shall terminate _____ .
Date (not later than 28 days after date of order)

9. The Michigan Department of State Police shall immediately enter the incapacitated individual's identifying information in this court order on the law enforcement information network.

☐ 10. IT IS FURTHER ORDERED:

 Date _____ Judge _____

 Attorney name (type or print) _____ Bar no. _____

Address _____	City _____	State _____	Zip _____	Telephone no. _____
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Do not write below this line - For court use only

MCL 700.5312; MSA 27.15312, MCL 700.5313; MSA 27.15313,
 MCR 5.403(C)

PC 632 (3/00) ORDER APPOINTING TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL

Order Appointing Temporary Guardian of Incapacitated Individual PC632 - 03/00

This order can be generated from a schedule ADD or MOD. Enter 632 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	1
1. <i>Date of hearing: Judge/Referee:</i>	SCHEDULE	Date Jurist	
THE COURT FINDS:			
2. <i>Notice of hearing was given to the incapacitated individual.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 3. <i>The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. The individual, by reason of</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chronic use of drug </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Mental deficiency <input type="checkbox"/> physical Illness </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Chronic intoxication <input type="checkbox"/> other: </div> <i>is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions, and is an incapacitated individual.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 4. <i>The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 5. <i>There is no qualified, suitable individual willing to act as temporary guardian and the appointment of a non profit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.</i>			
NOTE: This line will always print.			
IT IS ORDERED:			
6. <i>_____, whose address and telephone number are: _____ is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.</i> <input type="checkbox"/> <i>personal bond at \$ _____ must be filed.</i>			
NOTE: This line will always print.			

Line From the Order Form	Screen	Field	Codes
7. <i>The temporary guardian shall have the following powers and responsibilities only:</i> NOTE: This line will always print.			
8. <i>This temporary guardianship shall terminate _____.</i> NOTE: This line will always print.			
9. <i>The Michigan Department of State Police shall immediately enter the incapacitated individuals identifying information in this court order on the law enforcement information network.</i> NOTE: This line will always print.			
<input type="checkbox"/> 10. <i>IT IS FURTHER ORDERED:</i> <i>Signature Line</i> NOTE: These lines will always print.			

Approved, SCAO		OSM CODE: LOG
STATE OF MICHIGAN PROBATE COURT COUNTY	LETTERS OF GUARDIANSHIP	FILE NO.
CIRCUIT COURT - FAMILY DIVISION		

In the matter of _____

TO:

Name and address

1. You have been appointed ☐ by will or other witnessed writing ☐ by the court as _____
Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

☐ a. together with all authority and responsibilities granted and imposed by law.

☐ b. except as follows:

☐ c. as to the following powers and responsibilities only:

☐ 3. These letters of guardianship expire on _____
Date

Date _____
Judge _____ Bar no. _____

Attorney name (type or print) _____ Bar no. _____

Address _____

City, state, zip _____
Telephone no. _____

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date _____
Deputy probate register/clerk _____

Do not write below this line - For court use only

PC 633 (9/02) LETTERS OF GUARDIANSHIP

MCL 330.1631, MCL 700.5103, MCL 700.5214, MCL 700.5215(f), (g), MCL 700.5314(a), (e),
MCL 700.5417, MCR 5.202, MCR 5.402(D), MCR 5.405(C), MCR 5.406(A), MCR 5.409

Letters of Guardianship PC633 - 09/02

This order can be generated from a schedule ADD or MOD. Enter 633 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
<i>TO: Name and address</i>	PARTY	Name Address	
<i>NOTE: Enter the party number in the party field and the system will enter this information for you</i>			
1. <i>You have been appointed <input type="checkbox"/> by will or other witnessed writing <input type="checkbox"/> by the court as _____ guardian of the individual named above.</i>			
<i>NOTE: This line will always print.</i>			
2. <i>Having filed an acceptance of appointment, you have the care, custody, and control of that individual:</i> <input type="checkbox"/> a. <i>together with all authority and responsibilities granted and imposed by law.</i> <input type="checkbox"/> b. <i>except as follows.</i> <input type="checkbox"/> c. <i>as to the following powers and responsibilities only:</i>			
<i>NOTE: This line will always print.</i>			
<input type="checkbox"/> 3. <i>These letters of guardianship expires on _____.</i>			
<i>NOTE: This line will always print.</i>			
<i>Signature Line</i>			

Approved, SCAO		OSM CODE: OCF	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER REGARDING APPOINTMENT OF CONSERVATOR <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	FILE NO.	

In the estate of _____, a protected person

1. Date of hearing: _____ Judge: _____

Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

☐ 3. The individual is not in need of a conservator.

☐ 4. Upon presentation of clear and convincing evidence, the adult individual is in need of a conservator because s/he is unable to manage his/her property and business affairs effectively due to:

<input type="checkbox"/> mental illness.	<input type="checkbox"/> mental deficiency.	<input type="checkbox"/> physical illness or disability.
<input type="checkbox"/> chronic use of drugs.	<input type="checkbox"/> chronic intoxication.	<input type="checkbox"/> confinement.
<input type="checkbox"/> detention by a foreign power.	<input type="checkbox"/> disappearance.	<input type="checkbox"/> other: _____

and

☐ a. the individual has property that will be wasted or dissipated unless proper management is provided.

or ☐ b. money is needed for the support, care, and welfare of the individual or those entitled to be supported by the individual and that protection is necessary to obtain or provide the money.

☐ 5. The individual is mentally competent but due to age or physical infirmity is unable to manage his or her property and affairs effectively and, recognizing this disability, has requested a conservator's appointment.

☐ 6. Upon presentation of clear and convincing evidence, the minor individual is in need of a conservator because the minor:

☐ a. owns money or property that requires management or protection that cannot otherwise be provided.

☐ b. has or may have business affairs that may be jeopardized or prevented by the person's minority.

☐ c. needs money for support and education, and protection is necessary or desirable to obtain or provide money.

☐ 7. It is in the ward's best interests for the guardian to sell or otherwise dispose of the ward's real property or interest in real property. The guardian should be appointed as special conservator to petition for sale of the real estate.

☐ 8. There is no qualified, suitable individual willing to act as conservator and the appointment of a professional conservator is in the best interests of the adult/minor. A bond must be filed.

IT IS ORDERED:

9. The petition for conservator is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 10. _____, whose address and telephone number are:

Name (type or print)

Address _____ City _____ State _____ Zip _____ Telephone no. _____ is appointed

☐ a. conservator of all assets of the individual's estate.

☐ b. limited conservator of the following assets: _____

☐ c. special conservator with authority to proceed under MCL 700.5423(3) in order to dispose of real property. The individual retains title to all other assets in the estate.

Acceptance of appointment must be filed. ☐ Bond at \$ _____ must be filed.

☐ 11. The conservator is not required to file an annual account.

☐ 12. IT IS FURTHER ORDERED:

Date _____ Judge _____

Attorney name (type or print) _____ Bar no. _____

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Do not write below this line - For court use only

MCL 700.5215(a), MCL 700.5314(b), MCL 700.5406, MCL 700.5407, MCL 700.5409, MCL 700.5410,
 PC 640 (9/02) ORDER REGARDING APPOINTMENT OF CONSERVATOR MCL 700.5412, MCL 700.5418, MCL 700.5419, MCL 700.5409

Order Regarding Appointment of Conservator

☐ Adult ☐ Minor

PC640 - 09/02

This form can be generated from a schedule ADD or MOD screen. Enter 640 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
1. <i>Date of hearing: _____ Judge: _____</i>	SCHEDULE	Date Judge	
<i>THE COURT FINDS:</i> 2. <i>Notice of hearing was given to or waived by all interested persons.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 3. <i>The individual is not in need of a conservator.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 4. <i>Upon presentation of clear and convincing evidence, the adult individual is in need of a conservator because s/he is unable to manage his/her property and business affairs effectively due to:</i> <input type="checkbox"/> <i>mental illness</i> <input type="checkbox"/> <i>mental deficiency</i> <input type="checkbox"/> <i>chronic use of drugs</i> <input type="checkbox"/> <i>chronic intoxication</i> <input type="checkbox"/> <i>detention by a foreign power</i> <input type="checkbox"/> <i>disappearance</i> <input type="checkbox"/> <i>confinement</i> <input type="checkbox"/> <i>physical illness or disability</i> <input type="checkbox"/> <i>other:</i> <i>and</i> <input type="checkbox"/> <i>a. the individual has property that will be wasted or dissipated unless proper management is provided.</i> <input type="checkbox"/> <i>b. money is needed for the support, care, and welfare of the individual or those entitled to be supported by the individual and that protection is necessary to obtain or provide the money.</i>			
NOTE: This line will always print.			
<input type="checkbox"/> 5. <i>The individual is mentally competent but due to age or physical infirmity is unable to manage his or her property and affairs effectively and, recognizing this disability, has requested a conservator's appointment.</i>			
NOTE: This line will always print.			

Line From the Order Form	Screen	Field	Codes
<input type="checkbox"/> 6. <i>Upon presentation of clear and convincing evidence, the minor individual is in need of a conservator because the minor:</i> <input type="checkbox"/> a. <i>owns money or property that requires management or protection that cannot otherwise be provided.</i> <input type="checkbox"/> b. <i>has or may have business affairs that may be jeopardized or prevented by the person's minority.</i> <input type="checkbox"/> c. <i>needs money for support and education, and protection is necessary or desirable to obtain or provide money.</i> NOTE: This line will always print.			
<input type="checkbox"/> 7. <i>It is in the ward's best interests for the guardian to sell or otherwise dispose of the ward's real property or interest in real property. The guardian should be appointed as special conservator to petition for sale of the real estate.</i> NOTE: This line will always print.			
<input type="checkbox"/> 8. <i>There is no qualified, suitable individual willing to act as conservator and the appointment of a professional conservator is in the best interests of the adult/minor. A bond must be filed.</i> NOTE: This line will always print.			
<i>IT IS ORDERED:</i> 9. <i>The petition for conservator is <input type="checkbox"/> granted <input type="checkbox"/> denied on the merits. <input type="checkbox"/> dismissed/withdrawn</i> NOTE: This line will always print.			
<input type="checkbox"/> 10. <i>_____, whose address and telephone number are: _____ is appointed</i> <input type="checkbox"/> a. <i>conservator of all assets of the individual's estate.</i> <input type="checkbox"/> b. <i>limited conservator of the following assets:</i> <input type="checkbox"/> c. <i>special conservator with authority to proceed under MCL700.5423(3) in order to dispose of real property. Acceptance of appointment must be filed. <input type="checkbox"/> Bond at \$_____ must be filed.</i> NOTE: This line will always print.			
<input type="checkbox"/> 11. <i>The conservator is not required to file an account.</i> NOTE: This line will always print.			
<input type="checkbox"/> 12. <i>IT IS FURTHER ORDERED:</i> NOTE: This line will always print.			
<i>Signature Line</i> NOTE: This line will always print.			

Approved, SCAO		OSM CODE: LET
STATE OF MICHIGAN PROBATE COURT COUNTY	LETTERS OF CONSERVATORSHIP	FILE NO.
CIRCUIT COURT - FAMILY DIVISION		

Estate of _____

TO:

Name and address

☐ limited conservator
 You have been appointed ☐ conservator of the estate and are granted power to take possession, collect, preserve, manage, and dispose of property of the estate according to law and to perform all acts permitted or required by statute, court rule, and orders of this court unless limited below.

☐ Conservator shall have authority with respect to all assets of the estate.
☐ Real estate or ownership interest in a business entity excluded from your responsibilities in your acceptance of appointment.
☐ Conservator shall have authority with respect to the following assets only:

Restrictions:
 Conservator shall not sell real property without a prior court order of approval.

Date _____

Judge _____

Bar no. _____

Attorney name (type or print) _____

Bar no. _____

Address _____

Telephone no. _____

City, state, zip _____

Telephone no. _____

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date _____

Deputy probate register _____

Do not write below this line - For court use only

PC 645 (9/02) LETTERS OF CONSERVATORSHIP

MCL 700.5412, MCL 700.5417, MCL 700.5418, MCL 700.5423, MCL 700.5427,
 MCR 5.202, MCR 5.203, MCR 5.205, MCR 5.409

Letters of Conservatorship PC645 - 09/02

This order can be generated from a schedule ADD or MOD. Enter 645 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>Estate of</i>	HEADER	Name	
<i>TO: Name and address</i>	PARTY	Name Address	
<i>NOTE: Enter the party number in the party field and the system will enter this information for you</i>			
<p><i>You have been appointed <input type="checkbox"/> limited conservator <input type="checkbox"/> conservator of the estate and are granted power to take possession, collect, preserve, manage, and dispose of property of the estate according to law and to perform all acts permitted or required by statute, court rule, and orders of this court unless limited below.</i></p> <p><input type="checkbox"/> Conservator shall have authority with respect to all assets of the estate.</p> <p><input type="checkbox"/> Real Estate or ownership interest in a business entity excluded from your responsibilities in your acceptance of appointment.</p> <p><input type="checkbox"/> Conservator shall have authority with respect to the following assets only:</p> <p><i>Restrictions:</i> <i>Conservator shall not sell real property without a prior court order of approval.</i></p> <p><i>Signature Lines</i></p> <p>NOTE: This line will always print.</p>			

Approved, SCAO		OSM CODE: OAG
STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER APPOINTING GUARDIAN FOR INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY	FILE NO.
CIRCUIT COURT - FAMILY DIVISION		

In the matter of _____, an individual with a developmental disability

1. Date of hearing: _____ Judge: _____ Bar no.

2. Findings of fact are more fully stated on the record regarding the individual's nature and extent of general intellectual functioning, extent of impairment of adaptive behavior, capacity to manage his/her estate and financial affairs, and capacity to care for self by making and communicating responsible decisions concerning his or her person.

THE COURT FINDS:

3. Notice of hearing was given to or waived by all interested parties.

4. ☐ a. The individual was present at the hearing.
☐ b. The individual was not present at the hearing. His/her presence was excused upon showing by testimony and affidavit of a
☐ psychologist, ☐ physical
☐ physician, that the individual's attendance would subject him/her to serious ☐ emotional harm.

5. Testimony was given by the person who prepared the report or person who performed an evaluation serving in part as the basis for the report.

6. Upon the presentation of clear and convincing evidence and ☐ with ☐ without the verdict of a jury, the individual is an individual with a developmental disability and requires guardianship services.

7. The above named individual is ☐ totally ☐ person
☐ partially without capacity to care for his/her ☐ estate as to the following necessary tasks, responsibilities, or judgments but is otherwise legally competent and has the capacity to perform in other areas.

8. The most appropriate and the least restrictive living arrangement suited to the individual's condition is _____

☐ The individual presently resides in a facility.

9. A reasonable effort was made to question the individual and he/she indicated
☐ no preference as to who should be appointed guardian.

☐ that he/she preferred _____ to serve as guardian
Name (type or print)

and _____ as standby guardian.
Name (type or print)

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

MCL 330.1617; MSA 14.800(617), MCL 330.1618; MSA 14.800(618), MCL 330.1620; MSA 14.800(620),
 MCL 330.1623; MSA 14.800(623), MCL 330.1626; MSA 14.800(626)

PC 660 (3/00) ORDER APPOINTING GUARDIAN FOR INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

Order Appointing Guardian for Individual with a Developmental Disability PC660 - 03/00

This order can be generated from a schedule ADD or MOD. Enter 660 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
1. <i>Date of hearing: Judge:</i>	EVENT	Date Jurist	
2. <i>Findings of fact are more fully stated on the record regarding the individuals nature and extent of general intellectual functioning, extent of impairment of adaptive behavior, capacity to care for self by making and communicating responsible decisions concerning his or her person.</i> NOTE: This line will always print.			
<i>THE COURT FINDS:</i> <input type="checkbox"/> 3. <i>Notice of hearing was given to or waived by all interested parties.</i> NOTE: This line will always print to be manually entered by the user.			
4. <input type="checkbox"/> a. <i>The individual was present at the hearing.</i> <input type="checkbox"/> b. <i>The individual was not present at the hearing. His/her presence was excused upon showing by testimony and affidavit of a</i> <input type="checkbox"/> psychologist, <input type="checkbox"/> physician <i>that the individuals attendance would subject his/her to serious</i> <input type="checkbox"/> physical <input type="checkbox"/> emotional harm. NOTE: This line will always print.			
5. <i>Testimony was given by the person who prepared the report or person who performed an evaluation serving in part as the basis for the report.</i> NOTE: This line will always print.			
6. <i>Upon presentation of clear and convincing evidence and</i> <input type="checkbox"/> <i>with</i> <input type="checkbox"/> <i>without the verdict of a jury, the individual is an individual with a developmental disability and requires guardianship services.</i> NOTE: This line will always print.			

Line From the Order Form	Screen	Field	Codes
<p>7. <i>The above named individual is <input type="checkbox"/> totally <input type="checkbox"/> partially without capacity to care for his/her <input type="checkbox"/> person <input type="checkbox"/> estate as to the following necessary tasks, responsibilities, or judgements but is otherwise legally competent and has the capacity to perform in other areas.</i></p> <p>NOTE: This line will always print.</p>	EVENT	Date Jurist	
<p>8. <i>The most appropriate and the least restrictive living arrangement suited to the individuals condition is _____ <input type="checkbox"/> the individual currently resides in a facility.</i></p> <p>NOTE: This line will always print.</p>			
<p>9. <i>A reasonable effort was made to question the individual and he/she indicated <input type="checkbox"/> no preference as to who should be appointed guardian. <input type="checkbox"/> that he/she preferred _____ to serve as guardian and _____ as standby guardian.</i></p> <p>NOTE: This line will always print.</p>			
<p>10. <i>There is no qualified, suitable individual or agency willing to act as guardian and the appointment of an agency directly providing services to the individual is necessary at present.</i></p> <p>NOTE: This line will always print.</p>			
<p>11. <i>A reasonable effort was made to orally inform the individual of his/her right to request the guardianship to be dismissed or modified at any time. A written notice of these rights was also served on him/her.</i></p> <p>NOTE: This line will always print.</p>			
<p>12. _____ whose address and telephone number are: _____ is appointed: <input type="checkbox"/> a. plenary guardian . . . <input type="checkbox"/> b. partial guardian . . . and shall qualify by filing <input type="checkbox"/> an acceptance of appointment <input type="checkbox"/> a bond in the amount of \$_____, and shall have only the following powers: <i>The individual retains all legal and civil rights except those which have been specifically granted to the partial guardian.</i></p> <p>NOTE: This line will always print.</p>			

Line From the Order Form	Screen	Field	Codes
<input type="checkbox"/> 13. <i>The guardian is authorized to execute an application to admit the above named individual to__.</i> NOTE: This line will always print.			
14. <i>_____ is appointed standby guardian. In case of death, incapacity, or resignation of the initially appointed guardian, the standby guardian shall file <input type="checkbox"/> an acceptance of appointment <input type="checkbox"/> bond in the amount of \$_____ and shall assume the powers and duties of the initially appointed guardian..</i> NOTE: This line will always print.			
<i>Signature Line</i>			

Approved, SCAO	OSM CODE: LOG	
STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.

In the matter of _____, an individual with a developmental disability

TO: Name, address, city, state, and zip

You have been appointed and have qualified as ☐ partial guardian ☐ estate
☐ plenary guardian of the ☐ person of the individual
named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules
and order of this court unless limited below.

☐ The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ .
Date

Date

Judge

Bar no.

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this
date, these letters are in full force and effect.

Date

Deputy probate register/clerk

Do not write below this line - For court use only

MCR 5.202, MCR 5.402(D)

PC 662 (9/01) LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

**Letters of Guardianship of
Individual with a Developmental Disability
PC662 - 09/01**

This order can be generated from a schedule ADD or MOD. Enter 662 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
<i>To: Name, Address, City, State, and Zip</i> <i>NOTE: Enter the party first and then enter the party number in the party field and the system will pull this information from the party screen for you.</i>	PARTY	Name, Address	
<i>You have been appointed and have qualified as <input type="checkbox"/> partial guardian <input type="checkbox"/> plenary guardian of the <input type="checkbox"/> estate <input type="checkbox"/> person of the individual named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules, and order of this court unless limited below.</i> <input type="checkbox"/> <i>The guardian's authority is limited to those acts specifically set forth below:</i> <i>Signature Lines</i> NOTE: This line will always print.			

Approved, SCAO		Original - Originating court Copies as needed
STATE OF MICHIGAN JUDICIAL CIRCUIT PROBATE COURT COUNTY	NOTICE TO PRIOR COURT OF PROCEEDINGS AFFECTING MINOR(S)	CASE NO. _____
Court address _____		Court telephone no. _____
Name(s) of parent(s)/guardian(s)/plaintiff/defendant	Name(s), alias(es), and dates of birth of minor(s)	
Case no. of other court (if known) _____		
TO: County of _____ <input type="checkbox"/> Court Clerk or Register <input type="checkbox"/> Friend of the Court <input type="checkbox"/> Prosecuting Attorney <input type="checkbox"/> Juvenile Officer		
NOTICE:		
1. <input type="checkbox"/> a. A complaint/petition/motion was filed with this court which affects the minor(s) who are subject to the continuing jurisdiction of your court. A hearing on the complaint/petition/motion is scheduled for <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Date _____</div> <div style="width: 30%;">Time _____</div> <div style="width: 30%;">Location _____</div> </div>		
<input type="checkbox"/> b. The attached order was entered on _____ <div style="text-align: center;">Date</div>		
2. The actions of the court in this matter may supersede part or all of the order(s) previously entered by your court as the best interests of the minor(s) require.		
Date _____	Court clerk/Register/Deputy signature _____	
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">CERTIFICATE OF MAILING</div>		
I certify that on this date I mailed a copy of this notice to the prior court by first class mail.		
Date _____	Signature _____	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Do not write below this line - For court use only		
<div style="display: flex; justify-content: space-between; font-size: small;"> MC 28 (9/97) NOTICE TO PRIOR COURT OF PROCEEDINGS AFFECTING MINOR(S) MCL 712A.2(b)(2); MSA 27.3178(598.2(b)(2)), MCL 712A.3a; MSA 27.3178(598.3a), MCR 3.205, MCR 5.112, MCR 5.927 </div>		

Notice to Prior Court of Proceedings Affecting Minor MC28 - 09/97

This order can be generated from a schedule ADD or MOD. Enter 28 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>Name of Parent(s)/Guardian/Plaintiff/Defendant</i> NOTE: This line will always print.			
<i>Case Number of other court (if known)</i> NOTE: This line will always print.			
<i>TO: County of _____</i> <input type="checkbox"/> <i>Court Clerk</i> <input type="checkbox"/> <i>Friend of the Court</i> <input type="checkbox"/> <i>Prosecuting Attorney</i> <input type="checkbox"/> <i>Juvenile Officer</i> NOTE: This line will always print.			
<i>NOTICE:</i> 1. <input type="checkbox"/> <i>a. A complaint/petition/motion was filed with this court which affects the minor(s) who are subject to the continuing jurisdiction of your court. A hearing on the complaint/petition/motion is scheduled for: _____</i> <input type="checkbox"/> <i>b. The attached order was entered on _____.</i> NOTE: Location is taken from the places file, all other information must be manually entered.			
2. <i>The actions of the court in this matter may supersede part or all of the order(s) previously entered by your court as the best interests of the minor(s) require.</i> NOTE: This line will always print.			
<i>Signature Line</i>			

Approved, SCAO		Original - Court 1st copy - for LEIN entry	2nd copy - Return to court 3rd copy - Ticker file OSM CODE: RMV
STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE		REMOVAL OF ENTRY FROM LEIN	CASE NO.
ORI MI-	Court address		Court telephone no.
Effective date of order	Expiration date of order	Agency file no.	
TO: Law enforcement agency and address 		Defendant/Juvenile/Respondent name, address, and telephone no. 	
		Date of birth	Social security no.
<p>IT IS ORDERED:</p> <ol style="list-style-type: none">The conditions requiring LEIN entry in this case or matter no longer exist.The record of this entry shall be removed immediately from Law Enforcement Information Network (LEIN) files.			
Date _____		Judge/Clerk _____	Bar no. _____
To the law enforcement agency: Immediately after receiving this form, remove entry in this case or matter from Law Enforcement Information Network (LEIN) files, complete the certification, and return the 2nd copy to the court.			
CERTIFICATION OF REMOVAL			
I certify that the LEIN entry in this case or matter has been removed from LEIN files.			
Date _____		Signature of law enforcement representative _____	

MC 239 (6/03) REMOVAL OF ENTRY FROM LEIN

MCL 764.15b, MCL 765.6b

Removal of Entry from LEIN MC239 - 06/03

This order can be generated from a schedule ADD or MOD. Enter 239 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>Effective date of order/Expiration Date/Agency</i>			
NOTE: These lines will always print.			
<i>Case Number of other court (if known)</i>			
NOTE: This line will always print.			
<i>TO: Law enforcement agency and address</i> <i>Defendant/Juvenile/Respondent Name</i> NOTE: This line will always print.	HEADER	Name	
<i>IT IS ORDERED:</i> 1. <i>The conditions requiring LEIN entry in this case or matter no longer exist.</i> NOTE: This line will always print.			
2. <i>The record of this entry shall be removed immediately from Law Enforcement Information Network (LEIN) files.</i> NOTE: This line will always print.			
<i>Signature Line</i>			

[illegible]

Order for Adjournment MC309 - 09/01

This order can be generated from a schedule ADD or MOD. Enter 309 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
<i>THE COURT FINDS:</i> 1. _____ moved for an adjournment of <input type="checkbox"/> trial <input type="checkbox"/> hearing <input type="checkbox"/> _____ presently set on _____ at _____ before _____. NOTE: This line will always print.			
<i>IT IS ORDERED:</i> 2. This <input type="checkbox"/> trial <input type="checkbox"/> hearing <input type="checkbox"/> _____ is adjourned to _____ for the following reasons: NOTE: Court location is taken from the places file.	SCHEDULE	Nxt Hrg Type Date Time	
<input type="checkbox"/> Costs are assessed in the amount of \$_____ payable to _____ by _____. <input type="checkbox"/> 3. This request is denied. NOTE: These lines will always print.			
<i>Signature Line</i>			

Approved, SCAO STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HEARING ON PETITION FOR HOSPITALIZATION OR JUDICIAL ADMISSION	OSM CODE: NHH FILE NO.
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In the matter of _____

1. This court is requested to detain you for treatment in a hospital/center or order some other treatment program based on the grounds and for the reasons stated in the petition and the clinical certificates or report served on you.
2. A hearing on the petition will be held at:

Location _____
 Date _____ Time _____
 before Judge _____

Bar no. _____
3. You are entitled to be represented by an attorney at a full court hearing. The court has appointed:

Attorney name _____ Bar no. _____
 Address _____
 City, state, zip _____ Telephone no. _____

as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court appointed attorney. If you feel you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.
4. You have the right to be present at the hearing. If you fail to attend the hearing after having an opportunity to meet with your attorney, you will be considered to have waived your right to attend and the hearing may be held without you.
5. For Judicial Admissions: You have a right to an independent medical or psychological evaluation. If you feel you are unable to pay for this, and the court agrees, the evaluation will be paid for from public funds. You also have the right to a jury trial.
6. For Petitions for Hospitalization: You have the right to a jury trial. You also have a right to an independent clinical examination on an initial petition for hospitalization. If you feel you are unable to pay for this, and the court agrees, the examination will be paid for from public funds.
7. You should discuss your rights with your attorney.

Date _____

Deputy probate register/clerk _____

Do not write below this line - For court use only

MCL 330.1453; MSA 14.800(453); MCL 330.1455; MSA 14.800(455); MCL 330.1517; MSA 14.800(517)
PCM 212 (9/97) NOTICE OF HEARING ON PETITION FOR HOSPITALIZATION OR JUDICIAL ADMISSION

Notice of Hearing on Petition for Hospitalization or Judicial Admission PCM212 - 09/97

This order can be generated from a schedule ADD or MOD. Enter 212 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
<p>1. <i>This court is requested to detain you for treatment in a hospital/center or order some other treatment program based on the grounds and for the reasons stated in the petition and the clinical certificates or report served on you.</i></p> <p>NOTE: This line will always print.</p>			
<p>2. <i>A hearing on the petition will be held at: _____.</i></p> <p>NOTE: Court location is taken from the places file.</p>	SCHEDULE	Nxt Hrg Type Date Time	
<p>3. <i>You are entitled to be represented by an attorney at a full court hearing. The court has appointed _____ as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court appointed attorney. If you feel you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.</i></p> <p>NOTE: Attorney information will be taken from the attorney profile.</p>	SCHEDULE	Attorney	
Line 4-7 will always print.			

Approved, SCAO		OSM CODE: OHA	
STATE OF MICHIGAN PROBATE COURT COUNTY	INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ADMISSION	FILE NO.	
CIRCUIT COURT - FAMILY DIVISION			
In the matter of _____			
Court ORI	Date of birth	Race	Sex
Current address of individual			
1. Date of Hearing: _____ Judge: _____ Bar no. _____			
2. A petition has been filed by _____ asserting that the above named Petitioner name (type or print) individual is a person requiring treatment.			
3. The court finds that notice of hearing has been given according to law. <input type="checkbox"/> was present in court.			
4. The individual <input type="checkbox"/> was not present for reasons stated on the record. The hearing was <input type="checkbox"/> with <input type="checkbox"/> without a jury.			
Present were: _____, attorney for the individual, and _____, attorney for the petitioner.			
<input type="checkbox"/> 5. Testimony of a physician was waived by the individual and the individual's attorney.			
6. <input type="checkbox"/> Testimony was given by _____ <input type="checkbox"/> Testimony was not given because the parties stipulated to entry of the order.			
THE COURT FINDS:			
<input type="checkbox"/> 7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness			
<input type="checkbox"/> a. can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.			
<input type="checkbox"/> b. is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.			
(Check item c. only if the proceeding originated as a petition directly to the court.)			
<input type="checkbox"/> c. whose judgment is so impaired the individual is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others.			
<input type="checkbox"/> is			
8. There <input type="checkbox"/> is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon self or others within the near future.			
SEE SECOND PAGE			
Do not write below this line - For court use only			
<div style="display: flex; justify-content: space-between;"> <div>PCM 214 (9/02) INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ADMISSION</div> <div style="text-align: right;"> MCL 330.1401, MCL 330.1468, MCL 330.1469a, MCL 330.1470, MCL 330.1472a, MCL 330.1475 </div> </div>			

**Notice of Hearing on Petition for Hospitalization or
Judicial Admission
PCM214 - 09/02**

This order can be generated from a schedule ADD or MOD. Enter 214 in the form number request field at the bottom of the screen and press <Enter>.

Line From the Order Form	Screen	Field	Codes
<i>In the matter of</i>	HEADER	Name	
<i>1. Date of Hearing____ Judge _____</i>	HEADER	Judge	
NOTE: Line 2-17 will always print.			
<i>Signature Line</i>	SCHEDULE	Judge	

Will for Safekeeping Receipt

This form can be generated from a Schedule Add or Modify Screen. Generate this form by entering "999" in the form number requested field on the Schedule Screen. The Schedule code is "WSK". If this is a group case, enter the name of the person filing the will on the first comment line as Last, First, Middle.

After the above has been entered into the Schedule Screen, press <Enter>. The system will return the following screen.

STATE OF MICHIGAN PROBATE COURT FOR SAID COUNTY
COUNTY OF LAPEER

I Hereby Certify, That
of in said County
has this day deposited in this office a Sealed Package
said to contain the Last will and Testament of

Soc. Sec. No.
of , in said County.
Witness my hand and seal of the Probate Court of said
County, in the City of LAPEER ,
this 5 day of AUGUST A.D. 2004

No. 15 Probate Register

No. 15
Depositor
Testator
Received 8/05/2004

F3 = EXIT PRESS ENTER TO PRINT

MB b 01/002
I1902 - Session successfully started \\SCAO\1N54QLS on Ne05:

The name of the testator and date will automatically fill in for you. Enter the remaining information and then press <Enter>. The system will print the receipt.

To enable automatic numbering of Wills for Safekeeping, see the first chapter of this manual.